This form complies with the statutory requirement set forth in IC 5-2-15-3.

on an area

Date:	08/2/07	Address:	3100 W CR 550 S	
Case #;	<u>52-43813</u>		<u>Lebanon, IN 46052</u>	
County:	Воопе			
Type of La	aboratory Seizure (check one)	Seizure Location (zure Location (check all that apply)	
Enemic Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: plastic hoses connected to Tanks				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location): <u>Lab trash</u>				
	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip	
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: <u>Lizton Union VFD</u>	Fax: 765-482-8831		
Health Department: Boone Co. Health		Fax: <u>(765)</u> Fax:		
Child Protec	ction Service:	. 40.	•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department. listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.